10725-215

Application or Docket Number

65933-058

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER	THAN
TOTAL CLAIMS			(Column 1)		(Colu	olumn 2)		TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			30				ľ	RATE	FEE	1	RATE	FEE
FOR N				NUMBER FILED .		BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	30 mi	30 minus 20=		10		X\$ 9=		OR	X\$18=	1810
INDEPENDENT CLAIMS /6				/6 minus 3 = *		7		X43=		OR	X86=	602
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	2 /3 /
* If the difference in column 1 is less than zero, enter					"0" in c	column 2		TOTAL		OR	TOTAL	160
CLAIMS AS AMENDED - PART II										,	OTHER	THAN
(Column 1) (Colum						(Column 3)	<u> </u>	SMALL	ENTITY	OR	SMALL	
AMENDMENT A	10/3904	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 27	Minus	3l	)	=	] [	X\$ 9=		OR	X\$18=	
	Independent	+ / <b>(D)</b>	Minus	*** / 8		=	] [	X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JUTIPLE DEF	PENDENT	CLAIM		J	+145=		OR	+290=	
	·		•				L	TOTAL			TOTAL	
		(Column 1)		(Cal	O\	(Caluma 8)		ADDIT. FEE			ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	1 г	-	ADDI		·	4001
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		3		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		- <u> </u>		X43=		OR	X86=	
	PINST PRESE	NTATION OF ML	LIPLE DEP	ENDENT	CLAIM	<u>. [ ]</u>	┚╏	+145=		OR	+290=	
								TOTAL		OR .	TOTAL	
AUUII. PEE Communities Au											ADDIT. FEE	
	`	CLAIMS		HIGHE	··	(Column 3)			400:	F		4551
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIOU PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	_	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	lt	X43=	•		X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL							7440-		OR	700=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL ODIT. FEE	
n	he "Highest Num	nber Previously Paid ber Previously Paid	io For (Total or	SPACE is Independen	less than It) is the	n 3, enter "3." highest numbe		ODIT. FEE L	opriate box			